COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN COMMISSIONER



OFFICE OF THE MONTANA STATE AUDITOR

TO: Premium Finance Company

FROM: Steve Matthews, Chief Examiner

SUBJECT: Annual Renewal of Premium Finance Company License

DATE: November 15, 2010

In accordance with Mont. Code Ann. § 33-14-201, annual renewal fees for premium finance companies are due on January 1, 2011. Please forward your renewal form along with the fee of \$100 on or before that date.

In addition, if during the preceding 12 months, the company has experienced changes involving company officers, amendments to the articles of incorporation, or changes have been made to the financing agreements, please submit the following to the Department along with your renewal application and fee:

- (a) New or amended financing agreements;
- (b) Copies of amendments to the articles of incorporation certified by the public official with whom the originals are on file in your state of incorporation; and,
- (c) Biographical affidavits for each new company officer.

Your current Montana certificate of authority is a continuous license, subject to the approval of this Department and contingent upon receipt of the above-mentioned items postmarked no later than **January 1, 2011**.

STATE OF MONTANA OFFICE OF THE INSURANCE COMMISSIONER 840 Helena Avenue, Helena, MT 59601

RENEWAL OF PREMIUM FINANCE COMPANY LICENSE

To the INSURANCE COMMISSIONER OF THE STATE OF MONTANA:

The undersigned hereby renews its certificate of authority to act as a premium finance company pursuant to Title 33, Chapter 14 of the Montana Code Annotated:

(1	Name of Premium Finance Cor	mpany)
	(Mailing Address)	
	(City, State, Zip Code)	
(Phone)	(Toll Free Phone)	(F.E.I.N.)
(Contact Person)		(Direct Phone Number)
Check No, in the a renewal of our certificate of a		ttached in payment of the fee for
	ents to articles of incorporati	ended financing agreements, ion, and biographical affidavits
is conditioned upon the hold	er hereof now and hereafte	's Montana certificate of authority or being in full compliance with all laws and requirements are in
(Signature of Off	ficer)	(Date)
(Printed Name of Officer)		(Title of Officer)